

Health Center Outreach and Enrollment Assistance Supplemental Funding Opportunity

Frequently Asked Questions

The following questions and answers are organized by the headings/topics of the guidance for the FY 2013 Health Center Outreach and Enrollment (O/E) Assistance supplemental funding opportunity for eligible Health Center Program grantees (HRSA-13-279). To learn more about the Affordable Care Act, visit <http://www.hrsa.gov/affordablecareact/>.

Purpose and Background

1. What is the purpose of the Health Center Outreach and Enrollment (O/E) Assistance supplemental funding opportunity?

These O/E assistance supplemental funds are being invested in health centers to expand current O/E assistance activities, and to facilitate enrollment of eligible health center patients and service area residents into affordable health insurance coverage through the Health Insurance Marketplaces, Medicaid or the Children's Health Insurance Program.

2. Are the Health Center O/E assistance supplemental awards being funded with Affordable Care Act dollars?

Yes, the O/E assistance supplemental awards are part of the \$9.5 billion provided through the Affordable Care Act to support improved access to high quality services in health centers.

3. How much funding is being made available under this O/E assistance supplemental funding opportunity?

Approximately \$150 million is being made available under this supplemental funding opportunity through formula-based supplemental awards to eligible Health Center Program grantees.

4. Why is HRSA investing in O/E?

The next several months provide an unprecedented opportunity for health centers to contribute to nationwide efforts to increase access to care through the new affordable insurance options available beginning in 2014. By facilitating enrollment, health centers will be helping the uninsured enroll in affordable coverage options while also investing in their own future by increasing reimbursement opportunities for the health center and increasing access to the full spectrum of health care for the populations they serve.

5. How does this supplemental funding opportunity fit into the Affordable Care Act's broader O/E strategy?

This O/E supplemental funding opportunity complements and aligns with other federal efforts, such as

the Navigator program, as well as state consumer assistance efforts. This funding provides one more way for community members to gain access to trained and knowledgeable assistance. As trusted community providers located in every state in the nation, health centers are uniquely positioned to assist their patients and other uninsured individuals in their service areas to determine their eligibility for and enroll in new affordable health insurance options.

6. NEW How will O/E assistance workers in health centers differ from navigators?

The health center O/E assistance workers will complement and align with other consumer assistance roles such as navigators or certified application counselors. Additionally, health center O/E assistance workers are required to collaborate with other health centers and providers in their approved service areas to ensure that O/E assistance activities are coordinated with other local, regional, and/or state-wide O/E assistance efforts and training requirements.

Eligibility

7. Are New Access Points (NAPs) first funded in FY 2012 eligible for O/E assistance supplemental funding?

Yes. Health Center Program grantees receiving Health Center Program (section 330 of the PHS Act, as amended) operational funding at the time of application submission are eligible to apply. Health centers that have been notified in writing that they are materially noncompliant with Health Center Program requirements are not eligible for this funding opportunity.

8. Are look-alikes eligible for O/E assistance supplemental funds?

Per the requirements in the Affordable Care Act, only Health Center Program grantees receiving Health Center Program (section 330 of the PHS Act, as amended) operational funding are eligible for funding.

9. Are tribal entities eligible to apply under this announcement?

Any tribal entities that are also Health Center Program grantees receiving Health Center Program (section 330 of the PHS Act, as amended) operational funding at the time of application submission are eligible to apply.

Application Process and the Electronic Handbook (EHB)

10. UPDATED How can I access this funding opportunity in EHB?

On May 17, 2013, HRSA sent an email to all eligible health centers notifying individuals registered in EHB as the organization's authorizing official (AO), business official (BO), and project director (PD) of information necessary to access and complete the EHB application. The notification provided:

- The health center's maximum funding amount,
- A link to the application in EHB, and
- A funding cycle eligibility code that will allow access to the application in EHB.

Once signed into EHB, you will need to:

- Enter the funding cycle eligibility code from the notification,
- Select the following under **Type of Application - Supplemental** and then **Increase Award**,
- Enter your organization's H80 grant number.

The Outreach and Enrollment EHB Application Reference Sheet provides step-by-step instructions for accessing and completing the application in EHB. This resource is available at <http://www.hrsa.gov/grants/apply/assistance/oe>.

11. When can I access this funding opportunity in EHB?

The O/E assistance supplemental funding application will be made available in EHB no later than Friday, May 17, 2013. A sample application is available at <http://www.hrsa.gov/grants/apply/assistance/oe> to assist in planning for the EHB submission.

12. When can I access this funding opportunity in EHB?

The O/E assistance supplemental funding application will be made available in EHB no later than Friday, May 17, 2013. A sample application is available at <http://www.hrsa.gov/grants/apply/assistance/oe> to assist in planning for the EHB submission.

13. NEW What needs to be submitted with the EHB application?

For the O/E assistance supplemental funding application, there are two forms (Outreach and Enrollment supplemental form, and the line item budget form) and two attachments that must be uploaded (the work plan, and the budget narrative justification) to be completed and submitted through EHB. Applicants can preview the templates at <http://www.hrsa.gov/grants/apply/assistance/oe>.

A few things to consider when completing the application in EHB:

- Sub-Program Information – for both the **Sub-Programs** page and the **Section A - Budget Summary** form, sub-programs (i.e., 330(e), (g), (h), and/or (i) funding streams) will be prepopulated for you. You should not remove or add sub-programs.
- For the Budget Summary, the email notification will include sub-program amounts that is based on your current H80 funding proportions.
- Enter the amounts from the notification in the **Section A - Budget Summary** in the **New or Revised Budget – Federal** line if you are requesting the maximum amount.

14. I'm having trouble with EHB. What do I do?

For systems issues, contact the BPHC Help Line at 1-877-974-BPHC, or bphchelp@hrsa.gov.

15. Are there page limits for the applications?

There are two narrative responses required for the electronic application. Each response will be limited to 1,500 characters (approximately half a page). Please note that all information presented in the submission may be provided to the general public.

16. Do we need letters of support for this funding opportunity?

No. Letters of support are not required and the EHB application does not support their submission.

Funding

17. What is the source of O/E funds?

Health center O/E supplemental awards are made available through the mandatory FY 2013 appropriation for health centers under Section 10503 of the Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Healthcare and Education Reconciliation Act (P.L. 111-152), collectively referred to as the Affordable Care Act.

18. Will O/E assistance supplemental funds be available to health centers in FY 2014?

Funding to support projects beyond the first 12 months will be contingent upon available funding, compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, and a determination that continued funding would be in the best interest of the federal government.

19. NEW How do these supplemental funds apply to health centers located in the U.S. territories?

These supplemental funds are provided to health centers to support the enrollment of uninsured individuals into the new affordable insurance options offered through the Health Insurance Marketplaces, Medicaid or CHIP. Applicants seeking these supplemental funds are expected to describe in their applications how they propose to use the funds for this purpose, provide projections of impact, and agree to track and report on these impacts. Health centers may choose to not apply for funding if they are in areas that are not engaged in expanded enrollment under the Marketplace, Medicaid or CHIP.

20. How is the maximum allowable funding amount calculated?

The estimated amount for each eligible health center is based on the following calculation:

- A base amount of \$50,000;
- An additional \$5,000 for initial one-time expenditures (e.g., supplies); and
- An additional amount allocated by a grantee's number of uninsured patients, as reported in calendar year 2012 Health Center Program Uniform Data System (UDS).

A list of health centers and the estimated amount for O/E assistance activities is located in Appendix B of the FOA and will be provided to each organization as part of the EHB application process. Depending on the number of approvable applications, HRSA may make adjustments in award amounts consistent with funds available for this supplemental opportunity.

21. Are cost sharing or matching funds required?

No. Cost sharing or matching is not a requirement for this funding.

22. When will the O/E assistance supplemental funding be awarded?

Health Center O/E assistance supplemental funds are expected to be awarded in early July, 2013.

23. What period of time will the O/E assistance supplemental funding cover?

The supplemental funding is expected to be used to cover O/E costs for the first 12 months following the awards, from approximately July 1, 2013 to June 30, 2014.

24. Can O/E supplemental funding be used to cover costs incurred prior to the award date?

Pre-award costs up to 90 days are allowable under this supplemental funding opportunity.

25. The open enrollment period for Health Insurance Marketplaces is limited. How am I expected to use O/E assistance supplemental funds beyond that period of time?

The open enrollment period for the Health Insurance Marketplace is from October 1, 2013 to March 31, 2014. However, there will be an ongoing need for O/E services. Medicaid and CHIP enrollment will be ongoing, and there will also be special marketplace enrollment periods for individuals who experience changes in income, employment, family status, and other life events. More information on consumer rights and protections can be found at <http://www.healthcare.gov/using-insurance/understanding/rights/>.

Funding Opportunity Requirements

26. What training will be available for outreach workers, and how will it be delivered?

All health center O/E assistance workers (current and newly supported) must comply with and successfully complete all applicable federal and/or state consumer assistance training required for personnel carrying out consumer assistance functions. Training will be similar to that provided to entities or individuals who are recipients of the Navigator cooperative agreements or employees or staff of those recipients hired to serve as Navigators. More details about federal training requirements will become available in the coming weeks. State training requirements will differ across the country. Clarifying these requirements as necessary and appropriate should be incorporated into O/E work plans.

27. Are all health center O/E assistance workers required to go through training?

Yes. HRSA expects that all O/E assistance workers comply with all applicable federal and state training requirements for carrying out consumer assistance functions.

28. NEW How should we complete our work plan and budget when the trainings through the Marketplaces or Navigator agencies have not yet been established?

Applicants are encouraged to do their best to create a realistic plan using currently available information, which may include current state estimates or current experience with such trainings. There will be no cost for the federal trainings.

29. NEW How much will the required trainings cost?

Details on the required have not been finalized; however, we anticipate that there will be minimal barriers for health center O/E assistance workers to access the required trainings. There will be no charge for the federal training.

30. With whom should I be collaborating in my state?

O/E assistance applicants should collaborate with other health centers (grantees and look-alikes) and other providers in their service areas to ensure that O/E assistance activities are coordinated with other local, regional, and/or state-wide O/E assistance efforts and training requirements. Your Primary Care Association may also serve as a resource to assist in the coordination of efforts across your state.

31. I receive general Community Health Center funding (section 330(e)) and Healthcare for the Homeless funding (section 330(h)). How should I allocate my efforts for the O/E supplemental funding opportunity?

O/E assistance activities should be consistent with a grantee's current scope of project. A grantee who receives both general health center and special population funds should propose O/E activities that target both populations.

32. I am a homeless-only grantee. Do I have to conduct O/E activities with non-homeless residents in my service area?

Homeless-only (or other special populations-only) grantees who receive O/E funds should focus outreach activities to individuals in their target population, consistent with their scope of project. However, all health center O/E assistance workers are required to assist any resident seeking O/E assistance.

33. UPDATED How do I project the number of people my project will assist?

HRSA strongly encourages grantees to provide realistic projections based on current experience with O/E activities and knowledge of their patient population and service area. Applications will be reviewed based on eligibility, completeness and allowable costs. Since the amount of time per enrollment/eligibility in the new portal will vary, health centers should consider current eligibility and enrollment assistance time frames, with the understanding that the portal that will become available on October 1 is meant to streamline the eligibility determination and enrollment processes.

34. Do O/E assistance efforts have to go beyond my target population?

O/E assistance efforts should target eligible uninsured residents in the approved service area, consistent with the grantee's approved scope of project.

35. NEW If we assist an individual or a family more than once, should we count them each time?

No. Grantees should report the number of unique individuals (and/or their family members) assisted through their outreach and enrollment program, even if a person or family is assisted on more than one occasion.

36. Should I count volunteer O/E assistance workers in my estimate of FTEs to be hired?

No. Only O/E assistance workers or additional hours for existing O/E assistance workers supported by this supplemental funding should be counted as new FTEs in this application.

37. Do I need to capture O/E assistance activities on Form 5C: Other Activities?

Yes. If funded to conduct O/E assistance activities, the health center should add these activities to Form 5C: Other Activities in the H80 grant folder as “Non-Clinical Outreach” or update the existing “Non-Clinical Outreach” entry (e.g., update frequency and locations).

38. If we lease a temporary site for O/E assistance activities under this supplement, do we need to submit a change in scope request to add that site to our Form 5B: Service Sites?

O/E funds cannot be used to support the provision of primary health care services. Therefore, any temporary sites leased for O/E activities would be considered an administrative-only site listed under the “Non-Clinic Outreach” entry for O/E activities on Form 5C: Other Activities.

Allowable and Required Use of Funds**39. What are the funding limitations for the O/E assistance supplemental funding opportunity?**

Grant funds should support activities that enable health centers to raise awareness of insurance options and provide eligibility and enrollment assistance to uninsured patients and residents in their service areas. Health centers may not use O/E assistance supplemental funds to supplant other resources (federal, state, local or private) intended to support O/E assistance activities.

Please refer to Section 7 of the funding opportunity, “Allowable and Required Use of Funds” for information on allowable and unallowable expenses.

Please note that cost principles under section 330 apply to O/E assistance activities conducted with this supplemental funding.

40. UPDATED Can we support administrative or other clinical staff using O/E assistance supplemental funding?

No. These O/E funds are directed to hire new and expand upon the existing capacity of O/E workers who will be trained and focused on directly enrolling individuals into affordable health insurance. The O/E funds cannot be used to support other positions such as administrative or support staff.

41. How do I define the 1.0 minimum full-time equivalents (FTEs) to be supported by this

supplemental funding?

To assure that grantees have adequate staffing allocated to O/E assistance, eligible applicants must propose to hire at least 1.0 full time equivalent (FTE) to support new and expanded O/E assistance efforts.

42. UPDATED Can I support O/E supervision with O/E supplemental funds?

Health centers may use O/E supplemental funds to support a portion of time for a trained O/E assistance staff member to coordinate and/or supervise other O/E assistance workers; however, all O/E workers supported by these funds must be trained and focused on directly enrolling individuals into affordable health insurance, in addition to providing supervision.

43. UPDATED How do I count existing staff as FTEs under this funding opportunity?

O/E funds are not intended to replace the current salaries of existing O/E assistance or other staff. New FTEs may include additional hours for existing O/E assistance staff and/or new O/E assistance personnel hired specifically to be trained and engaged in enrolling individuals into affordable health insurance.

44. Can I contract for FTEs?

Yes. FTEs may be acquired either through direct hire or a contractual arrangement.

45. Can I count volunteers as FTEs under the Projected Impact section of the application?

Volunteers should be included in the number of O/E assistance workers trained and the estimates of other O/E workers not supported by this O/E funding. Projections of the number of individuals to be assisted and enrolled should take into account contributions of trained volunteer O/E assistance workers.

46. Can I use incentives for O/E assistance activities?

O/E assistance supplemental funds cannot be used to provide incentives.

47. Can overhead or indirect costs be applied towards this funding opportunity?

Applicants may include federally-approved indirect costs under “other” on the budget form and must explain these costs in the budget narrative justification.

48. Is travel an allowable cost?

Local travel in support of O/E activities supported by this supplemental funding is an allowable cost.

49. NEW We plan on using our mobile medical van for outreach. Are the van costs for these specific trips allowable?

No. The costs of operating the van should be included in your existing budget, which would be expected to cover the costs of its operation for the purposes of this grant as well.

50. Is recruitment of O/E assistance workers an allowable cost?

Yes. Recruitment costs such as posting an open position in a newspaper are permitted.

51. NEW Can the O/E supplemental funds support enrollment efforts not based in the ACA changes, such as programs that expedite SSI/SSDI determination and the related Medicaid or Medicare benefit?

As a part of their regular scope of activities, Health Center Program grantees are required to have systems in place to maximize reimbursement by accessing all payer sources for which a patient is determined eligible. The O/E supplemental funds are provided to expand that capacity in order to specifically support the enrollment of uninsured individuals into the new affordable insurance options offered through the Health Insurance Marketplaces, Medicaid or CHIP.

52. NEW Would paying for broad community-based educational efforts be an allowable use of funds?

No. The intent of the O/E supplemental funding opportunity is to enroll eligible individuals into affordable insurance coverage. Education is allowed only to the extent that it is necessary as part of a one-to-one interaction with potentially eligible individuals to facilitate their enrollment into affordable insurance options.

53. UPDATED What are allowable educational materials?

Educational materials may be used for activities such as directing potential enrollees to an enrollment site or explaining the available affordable health insurance options. Health centers should utilize materials made available through state or federal agencies. Materials are currently available in numerous languages at <http://marketplace.cms.gov/getofficialresources/get-official-resources.html>.

54. What sorts of outreach activities are expected under this O/E assistance supplemental funding opportunity?

Eligible health centers will be expected to conduct “in reach” with currently uninsured health center patients and “outreach” to non-health center patients in their approved service area. Each health center should determine the best means by which to engage uninsured individuals based on their knowledge of the service area. Outreach activities may include hosting an enrollment events focused on educating community members about new affordable insurance options and providing enrollment assistance.

55. Can staff other than outreach and eligibility assistance workers be funded under this O/E assistance supplemental funding opportunity?

Only outreach and eligibility assistance worker FTEs are allowable personnel costs for O/E funds.

56. NEW Is staff time or resources for planning and applying for this award application an allowable cost?

No. O/E funds are intended to directly support the recruitment, training, and payment of outreach workers, and any supporting materials or supplies that they need in order to do their work. Staff time or

resources for program planning or the application itself are not allowable costs.

57. What qualifications must O/E assistance workers have in order to perform the duties outlined in the O/E assistance funding opportunity?

All health center O/E assistance workers (i.e., current and newly supported) must comply with all applicable federal and state training requirements related to the development of expertise in eligibility, enrollment, and program specifications. Further requirements are detailed in the funding opportunity announcement.

Budget

58. Does the requested budget have to be for 12 months or should it represent the remaining months of the grantee's existing H80 budget period?

The O/E budget should cover a 12-month period from approximately July 1, 2013 - June 30, 2014.

59. Does the one FTE-minimum need to equate to one person?

No. FTEs can be allocated to new personnel and/or to expanded hours of existing personnel. The addition of 1.0 FTE requirement is a minimum. HRSA expects that many health centers may increase the O/E assistance personal by multiple FTEs.

60. Are there specific requirements for use of the one-time funding?

One-time funds are provided to support one-time expenditures in support of O/E activities. However, applicants do not need to specify how the one-time funds will be used on the budget form or in the budget narrative justification.

61. NEW How should we account for the \$5,000 in one-time funding in our budget, and what are the allowable costs under that funding?

The \$5,000 in one-time funding is intended to help defray upfront costs, such as laptops or necessary office supplies. There is no need to break out the one-time expenditures separately in the budget, provided that all expenses are allowable and justified according to the requirements in the guidance.

62. NEW If an item costs more than \$5,000, can other funds be used to make up the difference?

No. Equipment (defined as any individual item valued at \$5,000 or more) is not an allowable cost under this award. O/E funds cannot be used to purchase equipment, even in conjunction with other funding sources.

63. What do I do if I think that my sub-population budget formula is incorrect?

Please contact the O/E inbox at bphc-oe@hrsa.gov.

64. What should be included in the budget narrative/justification?

The budget justification must clearly describe each cost element and explain how it contributes to the goals and objectives of the O/E project.

65. Do I need to track O/E costs separately from my other H80 funds?

HRSA does not require separate budget reporting for this supplemental funding opportunity. However, HRSA expects that funds would be spent in accordance with the approved budget and work plan, and that grantees could account for spending if necessary.

66. Can the cost of additional hours for current O/E assistance staff be covered by O/E funds?

Yes, the cost of the additional hours is allowable and should be counted in the additional FTE total.

67. O/E funds cannot be used for equipment or supply items costing \$5,000 or more. Is this limit per item or for all equipment in total?

This \$5,000 limit is per item; each individual item must be valued at less than \$5,000.

68. How will O/E funding be delivered to grantees?

Grantees will receive O/E supplemental funds via a Notice of Award (NoA) as a supplement to your current H80 grant.

69. Should non-federal portions of unallocated funds or budget be reported?

No. Non-federal portions of funds or the proposed budget do not need to be reported.

70. I have other questions related to budgeting. Who should I contact?

For budget-related questions, contact BPHC's Outreach and Enrollment Assistance inbox at bphc-oe@hrsa.gov.

Review Process

71. What is the review process for the O/E assistance supplemental funding opportunity?

All O/E assistance applications will be reviewed by HRSA for completeness and allowable costs.

Reporting

72. How is "assisted" defined for the purposes of this supplemental funding opportunity?

"Assisted" is defined as the number of individuals assisted in any part of the enrollment process, including:

- Receiving education about affordable coverage options;

- Setting up a profile in the portal;
- Filing affordability assistance information;
- Receiving an eligibility determination; and/or
- Enrolling in affordable health insurance.

73. How is “enrolled” defined for the purposes of this supplemental funding opportunity?

“Enrolled” is defined as the number of individuals assisted who enroll in affordable insurance coverage. The number enrolled should also be included in the number assisted.

74. How often will I need to report?

Awardees must submit quarterly progress reports (QPRs) to HRSA. The QPRs will document grantee progress on meeting O/E assistance-specific goals, including at a minimum:

- The number of O/E assistance workers trained;
- The number of individuals assisted by O/E assistance workers; and
- The number of individuals enrolled.

Further information on QPRs will be provided prior to the first reporting period.

Affordable Care Act

75. NEW Who is eligible for insurance through the Marketplace?

To get insurance through the Marketplace an individual must:

- Live in the U.S.;
- Be a U.S. citizen or national (or lawfully present); and
- Not be currently incarcerated.

76. Where can I find detailed information about implementation of the Marketplaces?

The Centers for Medicare and Medicaid Services’ (CMS) Center for Consumer Information and Insurance Oversight (CCIIO) maintains a Fact Sheets and Frequently Asked Questions page (<http://cciio.cms.gov/resources/factsheets/>) that contains resources pertaining to ACA regulations and programs.

77. What is the difference between a Marketplace and an Exchange?

The term “marketplace” has replaced “exchange” for clarity. This funding opportunity uses the term “Marketplace” exclusively, but they are still sometimes used interchangeably.

78. What is the enrollment period for the affordable health insurance coverage through the Health Insurance Marketplaces?

Enrollment through the Health Insurance Marketplaces will begin October 1, 2013 and will continue through March 2014. Medicaid and CHIP enrollment will be ongoing, and there will also be special qualified health plan enrollment periods for individuals who experience changes in income, employment, family status, and other life events. More information on consumer rights and protections can be found at <http://www.healthcare.gov/using-insurance/understanding/rights/>. In future years, the annual open enrollment period will begin October 15 and will extend through December 7.